

**KNOWLEDGE, ATTITUDE, AND PRACTICE OF STANDARD AND
TRANSMISSION-BASED PRECAUTIONS IN TERTIARY AND
SECONDARY HEALTH CARE SETTINGS OF MALDIVES**



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for the Degree of Master of Public Health Program in Health Systems Development

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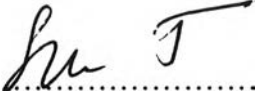
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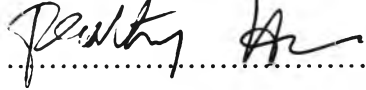
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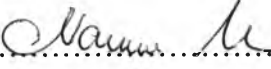
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NAZEERA NAJEEB: KNOWLEDGE, ATTITUDE AND PRACTICE OF STANDARD AND TRANSMISSION-BASED PRECAUTIONS AMONG DOCTORS AND NURSES IN TERTIARY AND SECONDARY HEALTH CARE SETTINGS OF MALDIVES. THESIS ADVISOR: PROFESSOR SURASAK TNEEPANCHSAKUL, M.D., M. Med., 92pp.

Aims: The aim of this study was to assess the level of knowledge, attitude, and practice of standard and transmission-based precautions among doctors and nurses working tertiary and secondary health care settings of Maldives. **Methodology:** This was a cross-sectional survey conducted in three different hospitals. Three health care facilities were selected from cluster sampling followed by stratified random sampling. Doctors and nurses employed in 2 tertiary care hospitals (IGMH and ADK Hospital) and in one of the secondary health care facility (Thinadhoo Regional Hospital) were included. A pilot study was conducted in a secondary health care facility (Hithadhoo Regional Hospital) to test the reliability of the questionnaire. The self-administered anonymous questionnaire was administered to 70 doctors and 124 nurses. Each health care facility was observed for standard and transmission-based precautions practiced, 3 days prior to introducing questionnaire to the participants. **Findings:** The only socio-demographic factor shown a significant association was marital status with p-value of 0.002. Those who are single reported better practice. Training on infection control practices was just marginally significant with p-value of 0.9. The level of knowledge was in the 'low' category, attitude was 'neutral to negative' practice was 'moderate to high'. The analysis of correlation between 'attitude' and 'practice' discovered a direct significant association at the level 0.01 ($r=0.412$) which is plausible. No significant correlation between knowledge and practice was found ($r=-0.001$). The relationship tends to be negative signifying that increase in knowledge may decrease performance of practice. However this finding does not necessarily mean that knowledge is not a crucial component. There might be other factors within the individual and at organizational level that may disrupt the application of knowledge in practice. Based on the observational inference, adherence to standard and transmission-based precautions was partially followed in the 3 hospitals surveyed. **Conclusion:** Standard and transmission-based precautions practiced were not optimum, though the reported practice was better than reported knowledge and attitude. Further studies are required to find out the other factors associated with compliance of infection control practices. No such studies were conducted in the past.

Field of study Health Systems Development Advisor's signature



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ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ARI	Acute respiratory infection
CDC	Centre for disease control
DALY	Disability life adjust years
ER	Emergency Room
HIV	Human Immuno deficiency virus
HCV	Hepatitis C virus
HBC	Hepatitis C virus
IGMH	Indira Gandhi Memorial Hospital
MOH	Ministry of Health
MRSA	Methelene resistant staphylococcus auras
PPE	Personal Protective equipment
SARS	Severely acute respiratory symptoms
SD	Standard deviation
TB	Tuberculosis
WHO	World Health Organization

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